

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001654

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE WOMEN'S PEACEPOWER FOUNDATION, INC.

Current Principal Place of Business:

35400 BLANTON RD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

PO BOX 1618
ZEPHYRHILLS, FL 33539

New Mailing Address:

FEI Number: 59-3546535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE VAUGHAN, DIANE
35400 BLANTON RD
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARTMAN, HEATHER
Address: 2606 LITTLE RD
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: MCINTOSH, ROBERTA
Address: 1561 PLEASANT GROVE DR.
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: ESPOSITO, LISA
Address: 12904 PRESTWICK DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: HABER, BETTY LOU
Address: 3608 SW 31ST DR APT 17A
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: BALTIC, VICTORIA
Address: 3755 CENTENNIAL AVE
City-St-Zip: HOMASASSA, FL 34448

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUTLEDGE, HEATHER
Address: 2606 LITTLE RD
City-St-Zip: VALRICO, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SMITH, SHARON
Address: 8316 CASS ST
City-St-Zip: ZEPHYRHILLS, FL 33541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE MCCABE VAUGHAN

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date